

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>100-101</i>		<i>10/25/79</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>31</i>	<i>10/26/79</i>
<b>FORMALITY REVIEW</b>	<i>100-101 116-29</i>		<i>11-4-78</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date		
Final	Original	1	2
1	9	01	13
2	27	01	12
3	01	02	03
4			
5			
6			
7			
8			
9	N		
10	-	✓	✓
11		✓	✓
12	N		
13			
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28			
29	-	N	
30	N		
31	N		
32	-	N	
33		✓	✓
34			
35			
36			
37			
38		✓	
39			
40		✓	
41	N		
42			
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48	N		
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Claim	Date		
Final	Original	1	2
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Claim	Date		
Final	Original	1	2
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If more than 150 claims or 10 actions  
staple additional sheet here

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